DOCUMENT RESUME

ED 426 120 UD 032 549

TITLE	Parents Describe Barriers to Healthcare Services, Want Help To Keep Children Well. Growing Up Well. Focus on Prevention.
INSTITUTION	California Center for Health Improvement, Sacramento.
SPONS AGENCY	California Wellness Foundation.
PUB DATE	1998-00-00
NOTE	10p.; For the entire 8-part series, see UD 032 549-556.
PUB TYPE	Reports - Descriptive (141)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	*Child Welfare; Children; Delivery Systems; *Health Insurance; *Medical Services; Parent Education; *Parents; *Policy Formation; Poverty; Prevention; *Public Opinion; Public Policy; State Programs; Surveys; Urban Youth
IDENTIFIERS	*California

ABSTRACT

This report, first in a series of eight, is based on findings from a survey of the opinions of Californians, parents and nonparents, about everyday concerns of children, youth, and their families. It highlights the opinions of California parents about children's health insurance coverage. This information is particularly relevant as California plans for the implementation of its Health Families Program and responds to recommendations of the Managed Health Care Improvement Task Force. In the California Center for Health Improvement (CCHI), one of five parents reported that their children did not have health insurance. Parents with household incomes less than 200% of poverty are 3 times as likely as others to have uninsured children, but even among parents with household incomes 200% of poverty or above, 10% of children are uninsured. The survey found that 56% of parents of uninsured children have problems obtaining health care services, but even those with insurance can have problems getting services. Thirty-four percent of parents report problems in obtaining health care services. The state's Healthy Families Program will provide health coverage for many uninsured children. The survey has revealed that the characteristics of parents of uninsured children mirror those of California's population of parents as a whole. However, the contrast between profiles of California parents and California voters is striking. Voters are more likely to be white, older, and of higher education and income. This difference has important implications for public policy, especially for the Healthy Families Program. The CCHI survey provides an outline of the problems parents currently have in obtaining health care services, and supplies background information for needed clinical and dental services. Policy recommendations are made for planning and implementing health care programs, including health education and preventive services. (Contains eight tables and seven references.) (SLD)

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Parents Describe Barriers to Healthcare Services, Want Help to Keep Children Well.

Growing Up Well
Focus on Prevention

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Parents Describe Barriers to Healthcare Services, Want Help to Keep Children Well

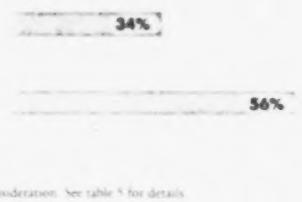
Introduction

For many of California's low-income children and their parents, passage of the Healthy Families Program signals new opportunities for improved health. Through this program, potentially one-third of the state's 1.6 million uninsured children will be provided a source of health coverage. This program results from quick state action to implement the new federal children's health insurance initiative. The program will provide comprehensive health insurance coverage to all uninsured children (ages 1 through 18) having legal immigration status in families with incomes at 200 percent of the poverty level or below who do not qualify for Medi-Cal.

As part of a broad-based survey on children and youth issues, the California Center for Health Improvement (CCHI) surveyed the opinions of California parents about their experiences in obtaining healthcare services. The questions focused on the role of health insurance in keeping children well. The survey was conducted by The Field Institute in English and Spanish; results are subject to a sampling error of plus or minus 4.5 percentage points at the 95 percent confidence level. The findings offer decision-makers charged with implementing California's new law and all groups and individuals concerned about children's health important insights about the experiences of parents in getting the healthcare services their children need.

Parents of Uninsured Children Report Greater Problems Obtaining Healthcare Services

Some parents have difficulties obtaining services for their children. Is this a problem or not?



*Eight different problems were offered for consideration. See table 5 for details.

Source: *Children and Youth Survey*, The Field Institute, October–November 1997.

ABOUT THIS SERIES

This is the first in an eight-part series of publications, *Growing Up Well*. The series is based on findings from a survey of opinions of Californians — parents and nonparents — about everyday concerns encountered by children, youth and their families. The series is founded on the following concept: As a state and a society we share a concern about our children and an understanding that investing in their health is an investment in the "common good" of all Californians.

This first *Note* highlights the opinions of California parents about children's health insurance coverage — information relevant to policy-makers and the public as California plans for implementation of the Healthy Families Program and responds to recommendations of the Managed Health Care Improvement Task Force.

Access to Health Insurance Is Essential to Improve Health, But Not Sufficient

What determines good health for children? Children's health is profoundly influenced by a broad range of environmental, social and economic factors — including access to health services. Research has shown that children without health and dental insurance or with gaps in coverage do not receive needed care. They are less likely to have routine check-ups, be appropriately immunized and receive dental care.

In the CCHI Survey on Children and Youth, one out of five parents reported their child(ren) did not have health insurance (1). Further, the findings indicate that parents with household incomes less than 200 percent of poverty are three times as likely as others to have uninsured children. Specifically, among those with incomes below 200 percent of poverty, 31 percent of children are uninsured. For those parents with household incomes of 200 percent of poverty or above, ten percent of children are uninsured (table 2, page 2).

For parents reporting their children are uninsured, problems accessing healthcare services are greater than for those whose children were insured. The survey found 56 percent of parents of uninsured children have problems obtaining healthcare services (table 1, page 1). However, even for those parents who report that their child is insured, the survey indicates that 34 percent report problems in obtaining healthcare services (table 1, page 1). Clearly, many of California's parents are experiencing difficulty or delays in obtaining medical care. Although essential, health insurance coverage is not sufficient to assure access to healthcare services. Assurance relies upon systems which are easy to enter and have structured follow-up and monitoring of each insured person.

The challenge of assuring delivery of preventive services in particular continues to be great. Historically, much of what health coverage has focused on is illness, not promoting health. For example, in California rates of immunization of children aged 19 to 35 months is 78 percent for the most critical doses of each vaccine routinely recommended for children. In contrast, the national Childhood Immunization Initiative goal is increasing vaccination coverage levels to 90 percent by the year 2000 (2).

California's Parent Profile

As described, California's Healthy Families Program will provide health coverage for many uninsured children. To tailor this program to the needs of these children and their families, decision-makers will need to consider the demographic characteristics of the parents of eligible children. CCHI's survey finds the characteristics of parents of uninsured children mirror those of California's population of parents as a whole. Specifically, 43 percent of the state's parents are Latino, and 43 percent of California's parents have household incomes less than 200 percent of the poverty level, even though 72 percent of parents are employed (table 3, page 3).

However, the contrast between profiles of California voters and California parents is stark. Whereas California voters are white and older with higher levels of education and income, California parents are younger and of color (primarily Latino) with lower incomes and educational attainment (table 4, page 3). This contrast is important as public policy decisions about the needs of California's children and youth are debated and implemented generally and with regard to the Healthy Families Program in particular.

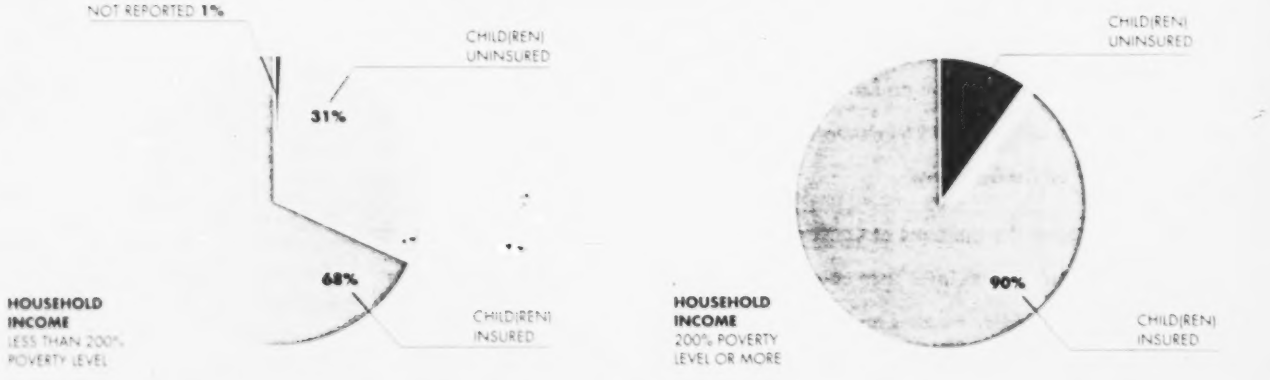
The Potential of California's Healthy Families Program to Improve Health

In November, 1997, California became the sixth state to submit a plan to the federal government to implement the new health insurance program. If the plan is approved, enrollment will begin on July 1, 1998. The program is aimed at an estimated 580,000 children in California whose parents earn too much to qualify for Medi-Cal but cannot afford private health insurance. Under the plan, parents will be able to obtain insurance for their children through one of several healthcare plans in a state purchasing pool, or through vouchers for health plans already provided by their employers.

Upon full enrollment, for many children under 200 percent of poverty in California, it is expected that health insurance coverage will be provided by either the Medi-Cal or Healthy Families programs. In fact, over time the same child may be

TABLE 2

Parents with Household Incomes of Less than 200% Poverty Level Are Three Times More Likely to Have Uninsured Children



Source: *Children and Youth Survey*, The Field Institute, October–November 1997.

TABLE 3

Profile of California Parents

EDUCATION

28% High school graduate
25% College graduate
23% Some college/ trade school
16% Less than high school
8% Post graduate degree

EMPLOYMENT STATUS

72% Employed
28% Not employed

HOUSEHOLD INCOME

34% $20–$49,999
29% Less than $20,000
27% $50,000 or more

POVERTY LEVEL

46% 200% poverty or more
43% Less than 200% poverty

AGE

42% 30–39
27% Under 30
20% 40–49
8% 50 or older

MARITAL STATUS

63% Married
17% Separated/divorced/ widowed
10% Unmarried couple
10% Single

ETHNICITY/RACE

43% Latino
36% White (non-Hispanic)
9% Asian
8% Black/African-American
3% Other

NATIVITY

40% Born in California
36% Born outside U.S.
24% Born in other U.S. state

CITIZENSHIP/VOTING STATUS

56% Citizen — registered voter
23% Non-Citizen
21% Citizen — non-registered voter

REPORTED PREPAREDNESS FOR PARENTHOOD

35% Somewhat prepared
33% Not prepared
31% Totally or very prepared
1% Not reported

Source: *Children and Youth Survey*, The Field Institute, October–November 1997.

covered by each of these programs. This is because eligibility for these programs is linked to age and household income levels. To avoid gaps in the provision of healthcare services as a child moves from one program to another, important efforts are underway to design seamless eligibility criteria for these programs.

Further, for children enrolled in Healthy Families, *new* information will be available about their overall health and health status. As required by the Healthy Families statute, the Managed Risk Medical Insurance Board (MRMIB) is required to develop plans and programs to enable it to report on the following by July 1, 2000:

- how assurance of preventive services by health plans and healthcare providers is achieved;
- the performance of health plans and providers in providing preventive services and addressing barriers to service delivery; and
- the mechanism or mechanisms that will be used to identify changes over time in the health status of children enrolled in the program (3).

Over the coming months and years, consensus must be reached by healthcare providers and health plans on effective ways to implement this directive.

Listening to Parents: Problems in Accessing Health Services

The CCHI Survey on Children and Youth provides an outline of problems parents are currently having in obtaining healthcare services. By understanding these problems and developing approaches to address them, policy-makers, providers and stakeholders can improve access to and the quality of healthcare services.

TABLE 4

Comparing Profiles — California Parents and Voters

CHARACTERISTIC	PARENTS	VOTERS
AGE	Under age 40	60 and older
EDUCATION	High school or below	High school or above
INCOME	43% under 200% of poverty	Higher income
ETHNICITY	Majority: People of Color Plurality: Latino at 43%	Majority: White

Source: *Children and Youth Survey*, The Field Institute, October–November 1997; and Voter News Service Exit Poll of California Voters conducted in conjunction with The Field Institute, 1992, 1994 and 1996.

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Innovative, Local Solutions

Providing Access to Dental Services

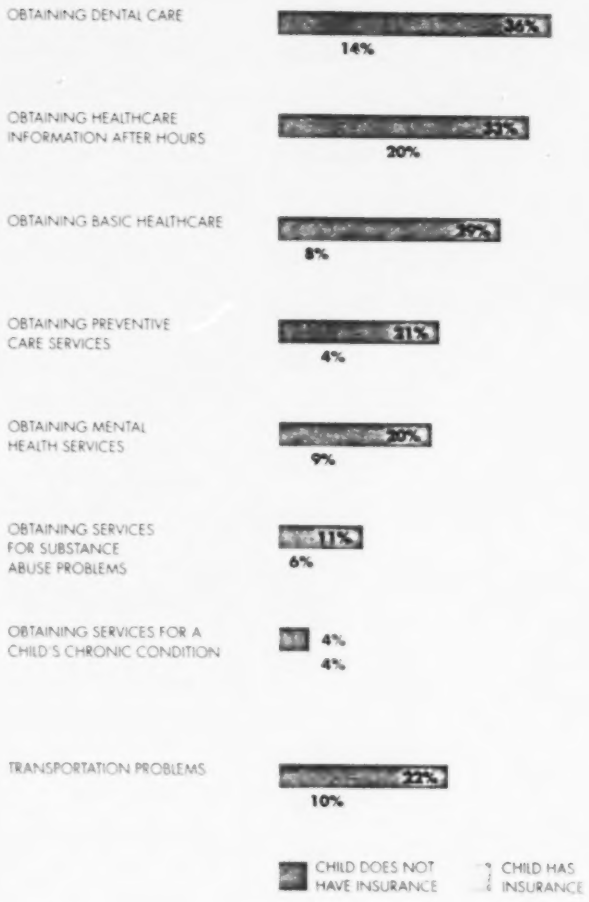
What do residents in Northwest Pasadena and Southwest Altadena have in common? In short, for many low-income children and adults there is a need for dental care. This is one of the findings from an assessment of barriers to health improvement conducted by the Pasadena/Altadena Health Partnership. The Partnership is comprised of the city of Pasadena, Pasadena Unified School District, Community Health Alliance of Pasadena (CHAP), Pasadena Healthy Cities Project, Northwest Health Coalition, Day One, Mental Health Coalition, Altadena Town Council, Family Community Council, Young and Healthy, Pasadena/Altadena Interfaith and Health Partnership, and Coalition for a Non-Violent City. Responding to the need identified in this assessment, the Partnership will provide preventive dental education and care for several hundred children and their family members. Eventually, the care will be housed in a new dental clinic. Until then, the Partnership is working with Pasadena City College to provide care. With an emphasis on prevention, the program will provide dental education, cleanings, sealants and referrals. Funding for this project is from a grant from The California Wellness Foundation's Health Improvement Initiative.

For more information call 626.744.6061.

TABLE 4

Parents Identify Problem Areas in Obtaining Healthcare Services

Sometimes people have difficulties obtaining services for their children. Is this a problem for you or not?



Source: *Children and Youth Survey*, The Field Institute, October–November 1997.

As noted previously, the survey findings show that the rate of problems with healthcare access is greater among parents of uninsured children than parents of insured children. Approximately one-third of parents of uninsured children report problems obtaining healthcare information after hours, obtaining dental care and obtaining basic healthcare services. About one-fifth of parents of uninsured children report transportation problems or problems obtaining preventive healthcare and mental health services. Among parents of insured children, more than one in five had problems obtaining health information after hours, and ten percent or more had problems with transportation and dental care (table 5).

Within the context of the Healthy Families Program, certain services beyond basic healthcare should be given special attention: clinical preventive services, dental services and mental health services.

Clinical Preventive Services
Twenty-one percent of parents of uninsured children had problems obtaining preventive care services, compared to four percent of parents of insured children (table 5). Experience and data provide clear evidence that focusing on prevention contributes meaningfully to improving the health of children. Further, prevention and early interventions are good investments (4).

A review of the leading causes of death for young children supports the importance of a focus on prevention in health service delivery. It also underscores the need for linkage of health services to community health improvement efforts. For example, unintentional injuries are the primary killer of young Californians ages 1 to 14 (table 6, page 5). Counseling of parents about ways to protect children from injuries is integral to the

provision of clinical preventive services. Recognizing the need for resources for injury prevention, the American Academy of Pediatrics (AAP) has developed TIPP — The Injury Prevention Program — as a guide for prevention counseling for clinicians and parents. (For more information on any AAP resource, see www.aap.org.) Similarly, in 1994 the U.S. Public Health Service launched its "Putting Prevention Into Practice (PPIP) campaign." A multi-faceted tool kit was developed targeting the needs of providers, consumers and office staff. (For more information, see www.hhs.gov/PPIP/consume.html).

However, while important, counseling alone will not prevent all injuries. Therefore, health plans and providers must increase their effectiveness by coordinating efforts with other community-based providers, such as day care providers, public health and school nurses. Several resources are available to assist providers as they consider which community-based services to offer their patients. For example, under the leadership of the U.S. Public Health Service, several federal agencies are developing a guide to inform providers about the effectiveness of population-based interventions for prevention and control. (For information on the guide, visit http://web.health.gov/communityguide). Similarly, the federal Maternal and Child Health Bureau, Health Resources and Services Administration and U.S. Department of Health and Human Services has developed *Bright Futures*, a guide for health supervision of infants, children, and adolescents. (For more information, see the *Bright Futures* web site, www.brightfutures.org/pr/glprus.htm).

Dental Care Services

Obtaining dental care services was identified as a problem by 36 percent of parents of uninsured children and 14 percent of parents of insured children (table 5, page 4). A recent report by The Dental Health Foundation, *The Oral Health of California's Children: A Neglected Epidemic* highlights the prevalence of dental caries in California children. Among California preschool children, 31 percent had at least one tooth that was decayed or filled, and 27 percent had untreated decay. Preschoolers in non-fluoridated urban and rural areas had higher rates of decay (5, page 10).

Comparison of dental caries experience of California six- to eight-year-olds with U.S. data reveals dramatic disparities between these populations. Further comparison of the dental caries experience of California children with the U.S. Year 2000 objectives demonstrates the extent of the challenge to improve this condition for California's children (table 7, page 7). Access to dental services is essential to good health, and California's Healthy Families Program will go a long way in expanding access to this crucial service for many children.

TABLE 6

Leading Causes of Death for Children

AGE	BOYS	GIRLS
1 YEAR–4 YEAR	1. Unintentional Injuries: 39% by Motor Vehicles 32% by Drowning 2. Birth Defects 3. Cancer	1. Unintentional Injuries: 59% by Motor Vehicles 26% by Drowning 2. Birth Defects 3. Cancer
5 YEAR–9 YEAR	1. Unintentional Injuries: 64% by Motor Vehicles 21% by Drowning 2. Cancer 3. Birth Defects	1. Unintentional Injuries: 60% by Motor Vehicles 2. Cancer 3. Birth Defects
10 YEAR–14 YEAR	1. Unintentional Injuries: 56% by Motor Vehicles 13% by Firearms 2. Homicide: 87% by Guns 3. Cancer	1. Unintentional Injuries: 70% by Motor Vehicles 2. Cancer 3. Homicide: 72% by Guns
15 YEAR–19 YEAR	1. Homicide: 90% by Firearms 2. Unintentional Injuries: 71% Motor Vehicles 9% Drowning 6% by Guns 3. Suicide	1. Unintentional Injuries: 89% by Motor Vehicles 2. Homicide: 83% by Guns 3. Suicide

Source: OSHPD, *The California Healthcare Fact Book*, Page 59, Sacramento, 1997.

Many Children Remain Uninsured

Filling the Gaps: One Community's Response

Six-year-old Maria, a young Latina whose parents are employed full-time by a Palm Springs hotel, is uninsured. In the Western Coachella Valley, Maria is not alone. Somewhere between one-third and one-half of children are uninsured. Maria's parents do not receive health insurance coverage for their children from their employer and earn too much to qualify for Medi-Cal. With a household income over 200 percent of the federally established poverty level, Maria will also not be eligible for the state's new Healthy Families Program. But thanks to the work of a new initiative, the Western Coachella Valley Health Partnership, low-income families like Maria's will soon be able to get health coverage.

The Health Partnership is a collaborative of public, private and community-based organizations and volunteers working to improve the health of children in the Western Coachella Valley. Funded by a grant from The California Wellness Foundation's Health Improvement Initiative, one focus of the Partnership's work is to bring a low cost health plan product to the area to provide preventive and primary care services to low-income families.

For more information call 760 323.6868.

One Community Strategy to Provide Dental Services

New types of organizations and partnerships are being developed to address healthcare access problems. For example, the Pasadena/Altadena Health Partnership, a coalition funded by The California Wellness Foundation's Health Improvement Initiative, is working to open a community dental clinic in mid-1998 (see side-bar, page 4).

Mental Health Services

Twenty percent of uninsured children and nine percent of insured children have difficulty accessing mental health services (table 5, page 4). This is believed by some experts to constitute most of the California children expected to have a serious mental illness. When coupled with the large percentages of parents needing help in coping with behavioral and discipline problems (table 8, page 8), it adds up to a significant unmet need.

Listening to Parents: Californians Want More Health Information, Counseling from Their Doctors and Nurses

Majorities See Information on Health "Very Useful"

Majorities of California's parents feel it would be "very useful" for health providers to provide more information to assist them in making decisions about keeping their children well. Parents were asked to rate the usefulness of various types of information, such as using medications appropriately, addressing behavioral and discipline problems, and eating well. More than half felt this type of information is very or somewhat useful (table 8, page 8).

However, low-income parents express a greater need for health-related information than others (table 8, page 8). Assurance that vital healthcare information is communicated to parents of children participating in the Healthy Families Program is needed to promote a strong prevention focus in the program.

Are Health Providers Promoting Prevention?

A study published in the *Journal of the American Medical Association* reveals that physician discussion of health risk behaviors — diet, exercise, seat belts use, smoking and safe sex — fell far short of the recommendations for risk assessment by the U.S. Preventive Services Task Force (6). Further, the study reports that physicians were more likely to discuss diet and exercise with *high-income* patients in need of these discussions than with low-income patients. Among patients with whom discussions occurred, *low-income* patients were *more* likely to report attempting to change their behavior based on physician advice. Although this study focuses on discussion of health risk behaviors with adults, the findings are instructive for decision-makers charged with implementing Healthy Families and all groups and individuals concerned about health.

Healthcare providers participating in the Healthy Families Program should incorporate counseling services focused on reducing health risk behaviors by children *and* their parents, from whom they learn many of their behaviors.

Other Access Barriers

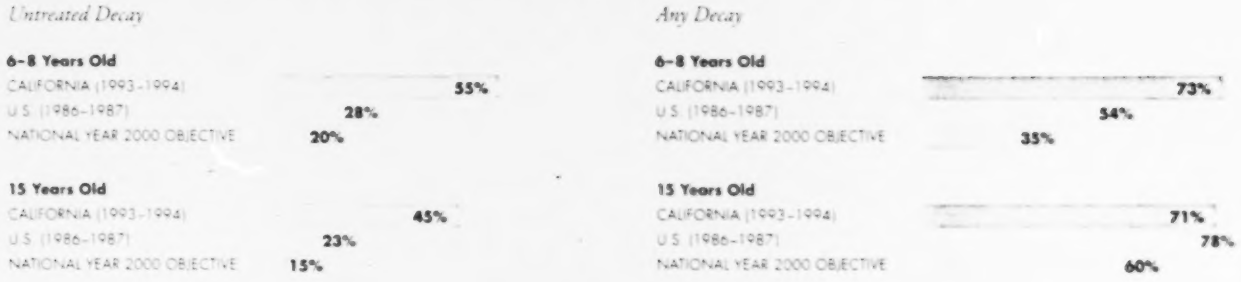
Anecdotal reports and media coverage of difficulties in communicating with patients are everyday occurrences. To better understand the extent of this problem in California, CCHI asked Californians whether or not they have had a problem in obtaining healthcare services for their children which are sensitive to their racial, ethnic or cultural identity. Three percent responded in the affirmative. In another survey of insured Californians conducted for the state's Managed Health Care Improvement Task Force, Californians were asked to describe problems they have had with their health insurance plan in the last 12 months. Eleven percent reported that doctors, nurses, administrators and staff were insensitive or not helpful, and five percent said language was a problem (7). Recognizing the diversity of California's population, attention to these issues is critical.

Measuring and Reporting on Child Health Outcomes And the Provision of Preventive Services

While progress is underway in measuring and reporting on health outcomes for adults in managed care, little has been done with regard to children. Substantial efforts are required to

TABLE 7

Dental Caries Experience of Youth in California and Nationwide vs. National Year 2000 Objectives



Source: The Dental Health Foundation. *A Neglected Epidemic.* San Rafael: The Dental Health Foundation, 1997.

develop measures and identify outcomes which focus on children and their unique developmental needs. For example, each year the California Cooperative Healthcare Reporting Initiative (CCHRI), a collaborative of healthcare purchasers, plans and providers, reports on six preventive care services. Only *one* of these relates to children's services — childhood immunization. Similarly, the CalPERS health insurance program offered to state employees reports on only one measure for children. While these efforts are clearly a good start, they provide strong evidence that considerably more needs to be done. Steps must be taken to improve quality assessment procedures for children and to provide systematic guidelines and safeguards for children's healthcare services. By virtue of the requirement that the Healthy Families Program report on the delivery of preventive services and changes in health outcomes for program enrollees, the program offers a unique opportunity to further develop these quality assessment procedures and guidelines.

Despite Important Progress, Many Children Remain Uninsured

For non-citizens, uninsured children in families with household incomes over 200 percent of poverty and others (for example, those unaware of eligibility for the Medi-Cal or Healthy Families programs) lack of insurance coverage will continue to be a serious problem. However, several efforts are underway to address this issue.

- *New Children's Health Coverage Campaign.* Children Now, the Children's Defense Fund and the Children's Partnership have joined together in a coordinated endeavor to expand health coverage to a greater portion of California's children. (For more information on this campaign, call 310.260.1220.)
- *Community-based Strategies.* Many community-based organizations are in the process of designing health coverage options to meet the needs of these families. For example, the Western Coachella Valley Health Partnership, funded by a grant from The California Wellness Foundation as part of its Health Improvement Initiative, is creating a low-cost health plan to provide preventive and primary care services for uninsured in their community (see side-bar, page 6).
- *CaliforniaKids.* This health coverage program, which has been directed at children who are now eligible for the Healthy Families Program, has initiated pilot projects to serve children in migrant families and children in families with incomes above 200% of poverty.

Policy Recommendations

The following recommendations apply to the Healthy Families Program and children's health coverage generally:

- Convene a task force of appropriate representatives, including clinicians, academic researchers, consumers and insurers, to begin work immediately on development of recommendations for implementing the health outcome reporting provisions of the Healthy Families Program, including standards for health plans and healthcare providers about the delivery of preventive services.
- Take action to assure children's health coverage addresses key areas. California parents of uninsured children identify their major problems with obtaining healthcare services for their children: lack of access to basic healthcare services and preventive healthcare services, lack of dental care and lack of mental health services.

TABLE 8

Low-Income Parents Want More Health Information

Various types of health information provided to parents that were somewhat or very useful.

Source: *Children and Youth Survey*, The Field Institute, October–November 1997.

- Establish expectations and standards within children's health coverage for assuring there is effective communication among health plans, healthcare providers and parents about the delivery of health information, such as appropriate use of medications, reminders for doctor visits and immunizations, and information about how to obtain services.
- Focus on changing health behaviors through an emphasis on preventive counseling. Take advantage of what research says about the willingness of low-income populations to try to change their health behaviors based on physician advice. Focus on children and their parents, from whom many children learn about diet, exercise and health risk behaviors, such as use of tobacco and alcohol.
- Promote linkage of health coverage, notably the delivery of preventive services such as health counseling, with the efforts of community-based services to achieve greater impact. Physician counseling of parents about childhood injury is more powerful when it is backed-up by day care providers, public health nurses, and school nurses reinforcing that message.
- Establish expectations in children's health coverage for culturally competent healthcare providers and establish health plan and healthcare provider standards for assuring competence.

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The California Center for Health Improvement (CCHI) is a non-profit, non-partisan health policy and education center.

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This publication is funded by a grant to CCHI from The California Wellness Foundation as part of its Health Improvement Initiative.

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